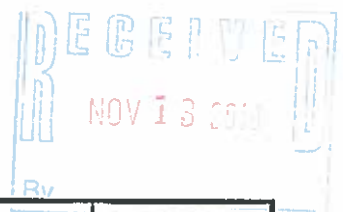


NOV 14 2018



NPDES FORM 3510-6		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	Form Approved. OMB No. 2040-0004
----------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in Section C of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in Section B of this form. Submission of this NOI also constitutes notice that the operator identified in Section C of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in Section D of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Refer to the instructions at the end of this form to complete your NOI.

A. Approval to Use Paper NOI Form

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband internet access in the most recent report from the Federal Communications Commission.

☒ The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: M a r g a r e t M c C a u l a y

Date approval obtained: 1 0 / 2 4 / 2 0 1 8

* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOI form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (Net) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPA-MultiSector-General-Permit.cfm>

B. Permit Information NPDES ID (EPA Use Only):

1. Master Permit Number: 1 0 R 0 5 0 0 0 0 (see Appendix C of the MSGP for the list of eligible master permit numbers)

2. Are you a new discharger or a new source as defined in Appendix A? ☐ YES ☒ NO (If yes, skip to Part C of this form).

3. If you are not a new discharger or a new source, have stormwater discharges from your facility been covered previously under an NPDES permit?
☒ YES ☐ NO

If yes, provide the NPDES ID if you had coverage under EPA's 2008 MSGP or the NPDES ID if you had coverage under an EPA Individual permit: 1 0 R 0 5 I 3 1 0

C. Facility Operator Information

1. Operator Information:

Operator Name: P o t l a t c h e l t i c L a n d & L u m b e r L L C

Mailing Address:

Street: 2 2 0 0 R a i l r o a d A v e

City: S e M a r i e n State: I D ZIP Code: 8 3 8 6 1

County or Similar Government Subdivision: B e n a w a h

Phone: 2 0 8 - 2 4 5 - 2 5 8 5 Ext.

E-mail:

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name:

Title:

3. NOI Preparer Information (Complete if NOI was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name:

Organization:

Phone: Ext.

E-mail:

 101205I310
 EPA FORM 3510-6 (Revised 6-2015)

~~Incomplete 11/16/18 DS~~
 Complete 12/5/18 EBIH

D. Facility Information

1. Facility Name:

2. Facility Address:

Street/Location:

City:

State:

ZIP Code:

County or Similar Government Subdivision:

3. Latitude/Longitude for the facility:

Latitude: _____ ° N (decimal degrees)

Longitude: _____ ° W (decimal degrees)

Latitude/Longitude Data Source:

☐ Map☐ GPS☐ Other

If you used a USGS topographic map, what was the scale? _____

Horizontal Reference Datum:

☐ NAD 27☐ NAD 83☐ WGS 844. Is your facility located on Indian Country lands? ☐ YES ☐ NO

If yes, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable): _____

5. Are you requesting coverage under this NOI as a "federal operator" as defined in Appendix A? ☐ YES ☐ NO

6. What is the ownership type of the facility?

☐ Federal Facility (U.S. Government)☐ Privately Owned Facility☐ Municipally☐ County Government☐ Corporation☐ State Government☐ Tribal Government☐ School District☐ District☐ Mixed Ownership (e.g. Public/Private)☐ Municipal or Water District

7. Estimated area of industrial activity at your facility exposed to stormwater: _____ (to the nearest quarter acre)

8. Sector-Specific Information

Identify the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the applicable sector and subsector of your primary industrial activity (See Appendix D):

Primary SIC Code: _____ OR Primary Activity Code: _____

Sector: _____ Subsector: _____

Identify the applicable sector(s) and subsector(s) of any co-located industrial activity for which you are requesting permit coverage:

Sector: _____ Subsector: _____ Sector: _____ Subsector: _____ Sector: _____ Subsector: _____

Sector: _____ Subsector: _____ Sector: _____ Subsector: _____ Sector: _____ Subsector: _____

If you are a Sector S (Air Transportation) facility, do you anticipate using more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis? ☐ YES ☐ NOIf you are a Sector G (Metal Mining) facility, do you have discharges from waste rock and overburden piles? ☐ YES ☐ NO

Check the type of ore you mine at your facility:

☐ Tungsten Ore☐ Nickel Ore☐ Aluminum Ore☐ Mercury Ore☐ Iron Ore☐ Platinum Ore☐ Titanium Ore☐ Vanadium Ore☐ Molybdenum☐ Uranium, Radium, and/or Vanadium Ore9. Is your facility presently inactive and unstaffed? ☐ YES ☐ NO

* Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.

E. Discharge Information

1. By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. ☐ YES

2. Federal Effluent Limitation Guidelines

Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines?

☐ YES☐ NO

If yes, which effluent limitation guidelines apply to your stormwater discharges?

40 CFR Part/Subpart	Eligible Discharges	Affected MSRP Sector	New Source Date	Check if Applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities	E	2/20/1974	<input type="checkbox"/>
Part 418 Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SKC 2874)	C	4/8/1974	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974 ¹	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	<input type="checkbox"/>
Part 436, Subpart B, C, or D	Mine dewatering discharges at crushed stone mines, construction sand and gravel mines, or industrial sand mines	J	N/A	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	<input type="checkbox"/>
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	<input type="checkbox"/>
Part 449	Runoff containing urea from airfield pavement deicing at existing and new primary airports with 1,000 or more annual non-propeller aircraft departures	S	6/15/2012	<input type="checkbox"/>

¹NSPS promulgated in 1974 were not removed via the 1982 regulation; therefore wastewaters generated by Part 423-applicable sources that were New Sources under the 1974 regulations are subject to the 1974 NSPS.

3. Receiving Waters Information: (Attach a separate list if necessary)

List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in degrees decimal for each outfall.		For each outfall, provide the following receiving water information:		
		Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to:	If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:	If a TMDL been completed for this receiving waterbody, providing the following information:
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				

If substantially identical to other outfall, list identical outfall ID: _____

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				

4. Provide the following information about your outfall latitude/longitude:

Latitude/Longitude Data Source: ☐ Map ☐ GPS ☐ Other

If you used a USGS topographic map, what was the scale? _____

Horizontal Reference Datum: ☐ NAD 27 ☐ NAD 83 ☐ WGS 84

5. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ YES ☐ NO

If yes, provide the name of the MS4 operator: _____

6. Check if you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) or as a Tier 3 water (Outstanding National Resource Water)? (See Appendix I).

☐ Tier 2/2.5. Provide the name(s) of receiving water(s): _____

☐ Tier 3 (Outstanding National Resource Waters)*

* Note: You are ineligible for coverage if you are a new discharger or new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3).

7. If you are subject to benchmark monitoring requirements for a hardness-dependent metal, what is the hardness of your receiving water(s) (see Appendix J)? _____ (mg/L)

8. If you are subject to benchmark monitoring requirements for a hardness-dependent metal, does your facility discharge into any saltwater receiving waters? ☐ YES ☐ NO

9. Does your facility discharge to a federal CERCLA site listed in Appendix P? ☐ YES ☐ NO

If yes, did you notify the EPA Regional Office in advance of filing your NOI, and did the EPA Regional Office determine that you are eligible for permit coverage pursuant to Part 1.1.4.10? ☐ YES ☐ NO

* Note: If you discharge to a federal CERCLA site listed in Appendix P, you are ineligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office determines you are eligible coverage under this permit. In determining your eligibility for coverage under this Part, the EPA Regional Office may evaluate whether you have included adequate controls and/or procedures to ensure that your discharges will not lead to recontamination of aquatic media at the CERCLA Site such that it will cause or contribute to an exceedance of a water quality standard.

F. Stormwater Pollution Prevention Plan (SWPPP) Information

1. Has the SWPPP been prepared in advance of filing this NOI, as required? ☐ YES ☐ NO

2. SWPPP Contact Information:

First Name, Middle Initial, Last Name: _____

Professional Title: _____

Phone: _____ - _____ - _____ Ext. _____

E-mail: _____

3. SWPPP Availability:

Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information*:

* Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☐ Option 1: Maintain a current copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

Provide the web address URL: _____

☐ Option 2: Provide the following information from your SWPPP:

A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning; cutting steel beams), and potential spill and leak areas:

B. List the pollutant(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and any authorized non-stormwater discharges listed in Part 1.1.3:

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4):

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2):

G. Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit (only check 1 box)?*

☐ A ☐ B ☐ C ☐ D ☐ E

* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse effects on listed species and critical habitat.

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services):

3. If you select criterion B, provide the NPDES ID from the other operator's NOI authorized under this permit:

--	--	--	--	--	--	--	--	--	--

4. If you select criterion C, you must answer the following questions:

a. What federally-listed species or designated critical habitat are located in your "action area":

b. Using the Appendix E worksheet, check which of the following is applicable to your facility and answer any corresponding questions:

☐ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any additional measures that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will not have likely adverse effects on listed species and critical habitat.

Date your Criterion C Eligibility Form was sent to EPA:

--	--	--

 /

--	--	--

 /

--	--	--	--	--	--

Describe any EPA-approved measures you will implement to ensure no likely adverse effects on listed species and critical habitat:

☐ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional measures necessary to ensure no likely adverse effects on listed species and critical habitat.

Date your Criterion C Eligibility Form was sent to EPA:

--	--	--

 /

--	--	--

 /

--	--	--	--	--	--

5. If you select criterion D or E, you must attach copies of any letters or other communications with the U.S. Fish and Wildlife Service or National Marine Fisheries Service.

H. Historic Preservation

1. If your facility is not located on Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe?

☐ YES ☐ NO

If yes, provide the name of the Indian tribe associated with the property: _____

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit (only check 1 box)?

☐ A ☐ B ☐ C ☒ D

1. Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[illegible]

Title: Attorney and Asst. Corp. Soc.

Signature: Jose L. Alvarez

Date: 10/30/2018

E-mail: lisa.crawford@potlatchdeltic.ca



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10**

1200 Sixth Avenue, Suite 155
Seattle, WA 98101-3123

OFFICE OF
WATER AND
WATERSHEDS

Attention NOI Processing Center

I approved the use of paper Change NOIs for these facilities because they were having some irresolvable problems trying to do it with the electronic NOI system. They have changed their name but not their corporate ownership or personnel.

Sincerely,

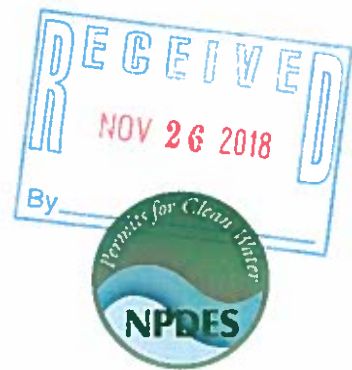
A handwritten signature in blue ink, appearing to read "Margaret McCauley", is located below the "Sincerely," text.

Margaret McCauley

DEC 05 2018



U.S. ENVIRONMENTAL PROTECTION
AGENCY (EPA)
NATIONAL POLLUTANT DISCHARGE
ELIMINATION SYSTEM (NPDES)
EPA's NPDES EREPORTING HELP DESK



11/20/2018

POTLATCHDELTIC LAND & LUMBER LLC
ATTN: LISA CRAWFORD
2200 RAILROAD AVE
ST. MARIES, ID 83861

Facility: POTLATCH CORPORATION - ST
MARIES COMPLEX
2200 RAILROAD AVENUE (COEUR
D'ALENE RESERVATION)
ST. MARIES, ID 83861

NPDES ID: **IDR05I310**

Dear Lisa Crawford:

EPA has received your paper Change NOI form under the 2015 Multi-Sector General Permit. However, EPA cannot process your form because some of the information was missing or requires clarification. The following table describes the items that were missing or need clarification.

Description	Reason	Comment	Required Information
Certifier's original, wet-ink signature	Missing Information	Please provide an original, wet-ink signature under the Certification statement. Photocopies cannot be accepted.	See bold text below

Coverage will not be granted until the information indicated above is provided. Failure to provide this information within 90 days of the above date will require you to complete and submit a new form. **Please PRINT the correct information to the right of each item above. Then PRINT your name and date, SIGN the certification statements, and return these original pages to the following address:**

For Regular Mail:
Stormwater NOI Processing Center
U.S.EPA
1200 Pennsylvania Avenue NW
Mail Code: 4203M
Washington, DC 20460

For Overnight/Express Mail Delivery:
Stormwater NOI Processing Center
U.S. EPA
1201 Constitution Avenue NW
Room 7420 EPA East
Washington, DC 20004

If you have questions about your form, please call the EPA NPDES eReporting Help Desk at 1-877-227-8965 (toll free) or send an email to NPDESeReporting@epa.gov.

EPA NPDES eReporting Help Desk
Operated by Avanti Corporation
1200 Pennsylvania Ave., NW
Mail Code: 4203M
Washington, DC 20460

1-877-227-8965

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information. The information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Lisa Crawford

Title: Attorney & Assistant Corporate Secretary

Signature: 

Date: 11/21/18

Email: lisa.crawford@potlatchdeltec.com